

# Disability Insurance Program (DIP) – Employee Short-Term Disability (STD) Claim Filing Checklist/Guidelines & Activity Log

#### Please use this document for step-by-step information on:

- ✓ Your responsibilities
- ✓ Important timeframes and action items
- ✓ Filing your STD claim
- ✓ What to expect from your employing organization
- ✓ Receiving assistance to stay at work or return to work

## Executive Branch employees eligible for Parental Leave are required to apply for Parental Leave\* 30 Days in advance of the birth of your child(ren)

	Contact your supervisor and your human resources/benefits representative verbally or in writing of your request for Parental Leave. When thirty (30) days' notice is not possible, you must provide this notice as soon as practicable.		
	Complete the Parental Leave Request form, the FMLA forms, and initiate the STD claims process, as applicable. If intermittent leave is requested, a planned schedule is to accompany the request and supervisor approval is required on the Parental Leave Request form posted on the Department of Human Resources (DHR) website at <a href="https://dhr.delaware.gov/policies/">https://dhr.delaware.gov/policies/</a> .		
	Submit completed Parental Leave Form to your human resources/benefits representative.		
	Notify your supervisor and Human Resources/Benefits Office verbally or in writing upon the birth of a child(ren). This obligation is for both parents if both are eligible for Parental Leave.		
	Request absence from work in accordance with agency procedure.		
*For non-Executive Branch agencies, including elected offices, school districts and charter schools, please contact your Human Resources/Benefits Office for policy information.			

### Day I As soon as you are aware that you are unable to work ☐ Contact your supervisor and follow the rules of your employing organization for reporting time away from work due to an accident, illness or pregnancy. This also includes providing periodic updates to your supervisor and your human resources/benefits representative(s) as directed. ☐ Contact your physician(s) to authorize the release of medical information required by The Hartford to process your claim. ☐ Review the Disability Insurance Program (DIP) Rules & Regulations and Frequently Asked Questions (FAQs) posted on the Statewide Benefits Office (SBO) website at de.gov/statewidebenefits. If you do not have access to a computer, hardcopies of the FAQ's can be requested from your Human Resources/Benefits Office. Day 5 By your 5th calendar day of absence you will receive ☐ The STD Form Letter, Employee Acknowledgement and the Employee STD Claim Filing Checklist/Guidelines & Activity Log from your employing organization detailing your responsibilities while on approved leave. Please read the documents carefully as you are responsible for following the instructions provided in the letter and the checklist/guidelines. Day 5-15 If you expect to be out of work for more than 30 calendar days you must ☐ *Immediately* file a Short-Term Disability (STD) claim with The Hartford. How do I file my STD claim? ☐ Option 1: Call The Hartford at 1-866-945-7781 between the hours of 8:00 a.m. through 8:00 p.m. (ET). ☐ Option 2: Visit TheHartford.com/mybenefits. Under the "Access your Account" section, click on "Start a Claim", then select "Start a Short-Term Disability Claim". • You must type in the State of Delaware's policy number of 071675 to continue your online claim submission. • A Hartford claims representative will call you within 24 hours to review your online submission. Even if your claim is work related, and you are receiving Workers' Compensation benefits, or you are receiving Personal Injury Protection (PIP) automobile benefits from the state or your personal automobile vendor, you must also apply for Short-Term Disability (STD) benefits no later than the 15th calendar day of your absence.

	☐ When calling The Hartford, be prepared to provide the following informat	
	<ul> <li>✓ Name and Employee ID number</li> <li>✓ Social security number</li> <li>✓ Name of your agency or school district and the last day you worked</li> <li>✓ Name and phone number of your Benefit Representative</li> <li>✓ Description of your disability (accident, illness or pregnancy)</li> <li>✓ Whether your disability is work-related</li> <li>✓ Treating provider's name, address, telephone and fax numbers</li> <li>✓ Confirmation of whether you are also employed by the University of Delaware or Delaware Solid Waste Authority in a pension eligible position</li> </ul>	
	If you have questions on how to file an STD claim or on the documentation needed to file a claim, assistance is available to you from the Statewide Benefits Office. Please contact:	
	Statewide Benefits Office Customer Service Team 1-800-489-8933 benefits@delaware.gov	
Your ong	oing responsibilities	
	It is important to keep all medical/treatment appointments prescribed by your physician(s).	
	Use the attached activity log to help you keep track of ongoing claim, call and/or email transactions you have with The Hartford, PMA, RTW-C, your employing organization, your physician(s), the Statewide Benefits Office and/or the Insurance Coverage Office.	
	It is your responsibility to ensure that The Hartford receives medical updates/documentation from your physician(s) regarding your continuing disability if you have not been released to return to work.	
	Stay in touch with your treating physician(s), your employing organization and with The Hartford to ensure program compliance.	
	If you are unable to provide and/or receive information personally, please authorize an advocate who can assist you (i.e. family member, friend, etc.). Copies of the authorization should be provided to The Hartford, your HR	

benefit representative and representatives from the Statewide Benefits Office, including the Return to Work Coordinator (RTW-C) when applicable.

#### If you have not returned to work by the 20th week of your STD benefit

In this letter, you will indicate your intention to:

	You will receive a "Transitioning to LTD" packet from your employing organization.
In i	this packet you will receive:
	LTD Form Letter: A letter from your employing organization – <i>Disability Insurance Program (DIP) Transition from Short-Term Disability (STD) to Long Term Disability (LTD)</i>

*Option 1:* Transition to LTD upon the exhaustion of your STD benefit period.

OR

*Option 2:* Work on a temporary reduced, alternate, light duty and/or part-time basis while transitioning to LTD or upon the exhaustion of your STD benefit period. If approved for this option by your Human Resource Department, the following will apply:

- You will maintain your current benefits (medical, dental, life, vision, flexible spending) with your employing organization.
- You will accrue annual and sick leave on a pro-rated basis per your employing organizations rules (non-Merit employees please refer to your employing organization's policies).
- You will be paid for the hours you work in your regular paycheck.
- If you are approved for LTD, you will be paid by The Hartford after all income for the month in which you have worked has been reported to your Hartford claim analyst.
- You will receive holiday pay in accordance with your employing organization's rules.

Important note: If selecting option 2, please coordinate your return to work with the Return to Work Coordinator (RTW-C), the Hartford and/or your Human Resources Department within 10 days of the exhaustion of the STD benefit period, whenever possible.

#### Option 3: Retire

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Long Term Disability Booklet (View the booklet online at <a href="mailto:de.gov/statewidebenefits">de.gov/statewidebenefits</a> )			
Correspondence from the Office of Pensions that includes important information regarding continued eligibility for medical, dental and vision benefits as an LTD beneficiary through the State of Delaware			
Group Universal Life (GUL) Insurance Program - Premium Waiver Benefit (View the <i>Premium Waiver Benefit</i> online at <a href="de.gov/statewidebenefits">de.gov/statewidebenefits</a> ; Here you will also find the contact information for Securian Financial)			
Forms to <b>enroll or refuse</b> medical, dental and vision benefits			
All completed forms to enroll or refuse health, dental and vision benefits must be sent to the Office of Pensions as soon as possible <u>to avoid difficulties with your benefits</u> .			
Choose one of the options below.			
<ol> <li>Scan and e-mail to pensionoffice@delaware.gov</li> <li>Fax to (302) 739-6129; or</li> <li>Mail to Office of Pensions, McArdle Building, 860 Silver Lake Blvd, Ste 1, Dover, DE 19904-2402</li> </ol>			
Spousal Coordination of Benefits Policy, Self-Service Guide and Online Form for Pensioners (Located at de.gov/statewidebenefits)  • Complete the online form if you cover your non-Medicare spouse on your State of Delaware health plan.			
Dependent Child Coordination of Benefits Policy and Form  (Located at <a href="dec.gov/statewidebenefits">dec.gov/statewidebenefits</a> )  • Complete the appropriate health carrier's (Aetna or Highmark Delaware) Dependent Child Coordination of Benefits Form if you are enrolling a dependent(s) for the first time on your State of Delaware health plan AND your dependent(s) have other health coverage.			

If you have any questions regarding your transition from STD to LTD, please call your organization's HR Department.

If you have any questions regarding your medical, dental or vision benefits, please call the Office of Pensions at 1-800-722-7300.

#### Stay at Work / Return to Work

Employees or former employees requiring assistance with staying at work, returning to work or the rehire process as defined in the Disability Insurance Program Return to Work section of <a href="Delaware Code">Delaware Code</a> (Title 29, Chapter 52.A., § 5257) should contact the State of Delaware's Return to Work Coordinator (RTW-C):
Return to Work Coordinator (RTW-C) Email: returntowork@delaware.gov Phone: 302-760-7069 Fax: 302-739-8339
If your treating physician releases you to return to work in a temporary reduced, alternate, light duty and/or part-time basis, contact the RTW-C and provide a copy of your release.
The RTW-C will work with you and your employing organization to determine if temporary reduced, alternate, light duty and/or part-time opportunities are available.
If you are seeking an accommodation under the Americans with Disabilities Act (ADA) of 1990, please contact your employing organization's HR department for assistance. If you are unsure how to make this request, the RTW-C is able to assist you or you may visit <a href="https://askjan.org/Eeguide/IIRequest.htm">https://askjan.org/Eeguide/IIRequest.htm</a> for more information.
Please be sure to indicate your intention to work while transitioning to LTD by signing and returning your Disability Insurance Program (DIP) Transition from Short-Term Disability (STD) to Long-Term Disability (LTD) letter within 10 days prior to the

**Please note:** Individuals receiving DIP benefits (STD, LTD or after the exhaustion of the STD benefit period) <u>AND</u> at the same time receiving Workers' Compensation (WC) and/or state Personal Injury Protection (PIP), are eligible to work with the RTW-C.

The WC program and the DIP are two separate programs operating under different governing regulations. As a result, the process flow and materials (e.g., forms) required by the employee for RTW may vary.

exhaustion of the STD benefit period whenever possible to your HR department.

For more information on the WC process, please refer to Delaware Code Title 19, Chapter 23 Workers' Compensation §2322, §2322E and §2325 (http://delcode.delaware.gov/title19/c023/sc02/index.shtml).

#### Important to remember:

- If your employing organization approves your request for temporary reduced, alternate, light duty and/or part-time work, you must return to work.
- If you do **not** return to work, your STD and/or LTD benefits may be terminated.
- If your employing organization cannot assist you with modified or transitional work and is unable to provide you the necessary accommodations, they must provide the reason in writing to the RTW-C.
- The RTW-C will contact The Hartford to inform them of your employing organization's inability to accommodate you.
- Failure to comply with the process set forth within this guidelines/checklist may result in a loss of earnings and/or disciplinary action.

#### Disclaimer -

If there is any conflict in interpretation between the information contained in this document and the Short-Term Disability (STD) and Long-Term Disability (LTD) program contract provisions and existing law, the contract provisions and/or law govern.

#### Questions regarding the Disability Insurance Program?

Please contact the Statewide Benefits Office Customer Service Team by telephone at 1-800-489-8933 or by email at benefits@delaware.gov.

Please refer to the Disability Insurance Program Rules & Regulations at <u>de.gov/statewidebenefits</u> for more information.

#### **Questions regarding Parental Leave?**

Please contact your organization's Human Resources/Benefits representative.

## Questions regarding Workers' Compensation, state Personal Injury Protection or the Salary Supplement?

Please contact the Insurance Coverage Office at 1-877-277-4185 or by email at inscov@delaware.gov.

### **Activity Log**

Please use this Activity Log to keep track of phone calls, medical appointments and contacts with your Employing Organization (HR and/or Supervisor), The Hartford, the RTW-C and/or PMA.

Date	Description	Name/Number/Time